



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



APPLICATION FOR A MONEY TRANSMITTERS OR ISSUER OF CONNECTICUT PAYMENT  
INSTRUMENTS LICENSE

Application is hereby made for a license under Chapter 668, Part V of the Connecticut General Statutes

1. The applicant seeks a license under Chapter 668, Part V of the Connecticut General Statutes, "MONEY TRANSMISSION ACT", to do the following:

(PLEASE CHECK ONE OR MORE OF THE APPROPRIATE ACTIVITIES)

Issue Connecticut Payment Instruments

Engage in the business of Money Transmission

- ☐ Money Orders
- ☐ Travelers Check
- ☐ Electronic Payment Instruments

- ☐ Money Transmission

2. Name of Applicant: \_\_\_\_\_  
(Complete name under which business is conducted)

D/B/A Name (if applicable) \_\_\_\_\_

2a. Telephone No: \_\_\_\_\_ 2b. Fax No: \_\_\_\_\_

2c. email Address: \_\_\_\_\_

3. Location of principal office to be licensed under this application from which the business is to be conducted:

(Number and Street) (City) (State) (Zip Code) (Phone)

3a. Office where books and records of the applicant are maintained if different from location of office to be licensed:

(Number and Street) (City) (State) (Zip Code) (Phone)

3b. Name and address of home office or parent company if Applicant is operated as a branch or subsidiary.

(Name)

(Number and Street) (City) (State) (Zip Code) (Phone)

4. Is the Applicant presently engaged in the business of money transmission and/or issuing of payment instruments?  
Yes ☐ No ☐ If yes, please answer 4(a) & 4(b)

(a) Date business commenced: \_\_\_\_\_

(b) States in which Applicant operates: \_\_\_\_\_

5. Form of organization: \_\_\_\_\_

(Sole Proprietorship, Partnership, Corporation, Limited Liability Company ("LLC"), etc.)

If incorporated, State and date of Incorporation. If an LLC, the State and date of formation of the LLC

(State) (Date)

5a. Federal Employer Identification Number: \_\_\_\_\_

5b. If a sole proprietorship, Federal Social Security Account Number: \_\_\_\_\_

6. Are you engaged or do you intend to engage in the Money Transmission business or in the business of issuing Connecticut Payment instruments in conjunction with any other business? Yes ☐ No ☐. If yes, specify other business in detail (use attachment to application if needed).

7. Full given name and residence (P.O. Box is not acceptable) of the owner or partners. In the case of a corporation, association or trust, list the directors, trustees and principal officers. In the case of an LLC, list each member.

FULL GIVEN NAME	TITLE	RESIDENCE	DATE OF BIRTH	OTHER OCCUPATION
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8. Full given name and mailing address of the person to whom notice of the commissioner’s approval or disapproval of the application shall be sent:

Full Given Name	Number and Street	City	State	Title
Telephone Number:_____		Fax Number:_____		
e-mail address:_____				

9. Full given name and address of person to whom any inquiries by the commissioner concerning the application shall be directed:

Full Given Name	Number and Street	City	State	Title
Telephone Number:_____		Fax Number:_____		
e-mail address:_____				

10. If the applicant is a corporation or association, please provide the full given name and residential address (P.O. Box is not acceptable) of the directors, trustees, principal officers and any shareholder owning 10% or more of each class of its securities in the corporation. If the Applicant is a partnership or an LLC, please provide the full given name, residential address and list the percentage of ownership of each partner or member. If any such stockholder is a corporation, on a separate sheet, please provide a list of the principal officers and directors of such corporation together with the title, residential address and date of birth of each principal officer and director.

FULL GIVEN NAME	RESIDENCE	DATE OF BIRTH	% OF OWNERSHIP
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11. Has the Applicant or any of its agents, subagents, employees, principal officers, members or similar persons whether independent contractors or not and any shareholder owning ten per cent or more of each class of its securities:

- (a) ever been convicted in any state or federal court of any crime (not including motor vehicle traffic misdemeanors)?  
Yes ☐ No ☐
- (b) ever been the subject of actions (cease and desist order, consent orders, injunctions, license suspensions or revocations, etc.) by any regulatory agency?  
Yes ☐ No ☐
- (c) ever been refused any license (except motor vehicle operator) by the Department of Banking or any other governmental agency or had such an application ever been withdrawn?  
Yes ☐ No ☐
- (d) ever been a defendant in any litigation of any type filed against the Applicant or any employee, officer or director thereof, in connection with the type of license applied for in question 1?  
Yes ☐ No ☐

If the answer to any of the foregoing is yes, explain the circumstances fully using additional sheets if necessary.

12. Submit a list of the applicant’s permissible investments, and the book and market values of such investments:
- (a) as of the most recently audited unconsolidated financial statement of the applicant for the preceding year. (Note: Must be prepared by an independent certified public accountant.)
- (b) as of a date no earlier than thirty business days prior to the filing of the application.

13. Submit the total dollar amount of the applicant’s outstanding instruments and transmissions in the **U.S.A.:**
- (a) as of the date of the most recent audited financial statement, and
  - (b) as of the date no earlier than 30 business days prior to the filing of the application.

**Outstanding as of:**

	<b>Date of</b>	<b>Total U.S.A.</b>
<b>Audited F/S</b>	_____	<b>\$</b> _____
<b>Interim F/S</b>	_____	<b>\$</b> _____

**SIGNATURE OF APPLICANT**

By: \_\_\_\_\_

SignaturePrint Name & Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

Personally appeared \_\_\_\_\_

(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

(Notary Public) or (Commissioner of Superior Court)

(Commission Expiration Date)

**NOTE: If the Applicant is a corporation or association, this instrument must be signed by the President, Vice President or Secretary of the Applicant. If the Applicant is a partnership or LLC, this instrument must be signed by a general partner or member who is duly authorized to execute on behalf of the partnership or LLC, contracts, deeds and other instruments under seal.**

*When executed before a notary public who is not a resident of Connecticut, the notary public’s notarial seal and certificate must be affixed.*